



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

July 8, 2013

ALL COUNTY LETTER 13-58

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CALFRESH PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL QUALITY CONTROL SPECIALISTS

SUBJECT: WAIVING THE RECERTIFICATION INTERVIEW FOR  
NONASSISTANCE CALFRESH HOUSEHOLDS IN WHICH ALL  
ADULTS ARE ELDERLY OR DISABLED WITHOUT EARNED  
INCOME

REFERENCES: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
WAIVER #2120030, TITLE 7 CFR 273.2(e)(1), 273.2(e)(2),  
273.2(c)(5), 273.10(f), 273.14; MANUAL OF POLICIES AND  
PROCEDURES (MPP) SECTIONS 63-102(e)(1), 63-300.2,  
63-300.464(c), 63-300.5, 63-504.6; ALL COUNTY LETTER NO.  
(ACL) 03-47, ALL COUNTY INFORMATION NOTICE (ACIN)  
I-45-11 AND I-45-11E

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this All County Letter (ACL) is to transmit instructions on waiving the recertification interview for Nonassistance CalFresh (NACF) households in which all adults are elderly or disabled without earned income (see Attachment 1). The policy is effective with the transmission of this ACL. It is anticipated that this policy change will improve program access and assist in continued nutritional support for these households.

The initial waiver request proposed an additional requirement of no changes in household circumstances since the household or authorized representative last reported to the County Welfare Department (CWD). The approved waiver conditions do not require an interview when there are changes in household circumstances.

A recertification interview is not required for these NACF households unless: (1) the household requests an interview; (2) the CWD is going to deny a recertification application (e.g., a household's circumstances have changed and appears to no longer be eligible to CalFresh); or (3) the information supplied by the household or authorized representative is questionable, incomplete or contradictory.

Counties must send the CalFresh Notice of Expiration of Certification (NEC) specific to these households (see Attachment 2) with an application for recertification, and the informational notice (see Attachment 3) that advises the household of this policy, as early as federal and state regulations allow (which is 60 days prior to the end of the certification period). Although the process will be automated in the future, current recertification procedures in accordance with MPP section 63-504.6 apply, including the regulation for untimely recertification applications at MPP section 63-504.61(i).

If a recertification application indicates changes without verification and these changes are different from the information on file with the CWD, the CWD shall issue a DFA 387 Request for Information (RFI) to inform the household of the missing verification and the due date by which it should be submitted which is within ten days of the county request. If an interview is scheduled, the CWD must send an appointment letter to the household, and the interview must be scheduled so that the household has at least ten days after the interview in which to provide verification before the certification period expires [MPP section 63-300.464(c)].

If the CWD schedules an interview and the household misses it, a Notice of Missed Interview (NOMI) DFA 386 must be sent even if the household calls before the NOMI is sent. The NOMI will advise the household that it is responsible for rescheduling the missed interview. If the household does not reply to the NEC or to a rescheduled interview appointment, the CWD need not initiate any further action [MPP section 63-504.61(d)(3)].

### Data Reporting

The Food and Nutrition Service (FNS) will be analyzing the data from CWDs to determine the following: (1) use of the appropriate criteria to select households for the “no interview” group; (2) effect on providing timely and accurate benefits; (3) effect on program access and client satisfaction; and (4) effect on aspects of the eligibility process. To meet this requirement, CDSS will need CWDs to collect the following information:

- Pre-Implementation, Six, and Twelve Month Data Reports:

The FNS requires this data for compliance with the waiver. The data elements in Attachment 4 shall be included in the pre-implementation, six, and twelve-month reports. The reports will be submitted to CDSS Data Systems and Survey Design Bureau (DSSDB) and will be provided under a separate cover; however, Attachment 4 is a sample version.

- Client Survey:

As a condition of the waiver, to assess customer satisfaction, a client-optional satisfaction survey is required to be sent to the household with the recertification package to evaluate improvement in program access (see Attachment 5). The CWDs shall collect, consolidate the household surveys at six and twelve months after implementation, and submit the aggregate data to DSSDB. The report to submit aggregate data to DSSDB will be provided under separate cover.

Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain this form from the CDSS webpage at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all translations are completed per MPP section 21-115.2, including Spanish form, they are posted on an on-going basis on our web site. Copies of the translated forms can be obtained at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, clients who have elected to receive Spanish, Russian, Vietnamese, and written Chinese materials should be sent the GEN 1365 interpretation informing notice with a local contact number.

If you have any questions regarding this letter, please contact your CalFresh county contact person or the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

***Original Document Signed By:***

TODD R. BLAND, Deputy Director  
Welfare to Work Division

Attachments



United States  
Department of  
Agriculture

FEB 07 2013

Food and  
Nutrition  
Service

Mr. Todd R. Bland  
Deputy Director  
California Department of Social Services  
744 P Street  
Sacramento, California 95814

3101 Park  
Center Drive

Alexandria, VA  
22302-1500

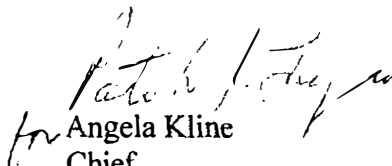
RE: SNAP— California Request to Waive the Recertification Interview for Non-Assistance Elderly or Disabled Households with No Earnings— 7 CFR 273.14(b)(3) – Initial – Approval

This is a response transmitting the approval of the California Department of Social Services' (CDSS) request to waive the requirement to conduct an interview at recertification for certain elderly and disabled households.

The Food and Nutrition Service (FNS) recognizes the need for additional measures for State agencies to manage rapid caseload growth and this waiver may provide administrative relief for both the State agency and the targeted group of clients. For this reason, FNS is approving the State agency's request. This waiver is approved for an 18-month period, effective March 1, 2013 through August 31, 2014. Please notify the FNS Western Regional Office if implementation is delayed.

Under the waiver, households in which all adult members are elderly or disabled and have no earned income will not have to complete a recertification interview, provided that the household meets all other recertification requirements. CDSS will continue to interview any household in this category if the household requests an interview, before denying a recertification application or if there are any outstanding issues or questions about the recertification application.

If you have any questions or need any additional information regarding this waiver, please contact Hope Rios at [Hope.Rios@fns.usda.gov](mailto:Hope.Rios@fns.usda.gov).

  
for Angela Kline  
Chief  
Certification Policy Branch  
Program Development Division

Enclosures

## WAIVER RESPONSE

1. **Waiver serial number:** 2120030
2. **Type of request:** Initial
3. **Regulation citation:** 7 CFR 273.14(b)(3), 273.2(e)(2)
4. **State:** California
5. **Region:** Western Region
6. **Regulatory requirements:** Federal regulations at 7 CFR 273.14(b)(3) require State agencies to conduct a face-to-face interview as part of the recertification process. The regulations at 7 CFR 273.2(e)(2) also permit State agencies to waive the face-to-face interview in favor of a telephone interview for all households in which all adult members are elderly or disabled and have no earned income.
7. **Description of alternative procedures:** The California Department of Social Services (CDSS) is requesting a waiver of these regulations to recertify, without an interview, non assistance Supplemental Nutrition Assistance Program (SNAP) households in which (1) all adult household members are elderly or disabled, (2) there is no earned income, and (3) there are no changes in household circumstances since last reported by the household and verified by the State agency. The household will verify the most recent information available to the State from the household's previous SNAP application or most recent recertification. To recertify for SNAP benefits, the household shall attest under penalty of perjury as to the current household circumstances in a variety of ways, depending on which alternatives are available where the household resides. For example, the household may (1) receive the document through the mail, certify the document, and return it with mandatory verification through the mail; (2) use the internet or other electronic means (telephonic signature, fax, etc.) to confirm there is no change in circumstances or to clarify outstanding issues, questions, or verification. Households may request a scheduled appointment for an in-person or telephone worker-conducted recertification interview, as preferred by the recipient or authorized representative. Households which report information that no longer will allow them the proposed interview waiver, i.e. they now have earned income, would be set for the regular recertification interview process.

8. **Action and reason for approval or denial:** The Food and Nutrition Service (FNS) recognizes the need for additional State agency measures to manage rapid caseload growth and agrees that this waiver may provide administrative relief for both the State agency and the targeted group of clients.
9. **Regulatory or legislative basis for action:** FNS is approving this waiver under the authority of 7 CFR 272.3(c)(1)(ii), which authorizes waivers that would improve Program administration.
10. **Conditions and reasons:** FNS approval of this waiver is based on the following conditions:
  - The waiver applies only at recertification.
  - The State agency must grant an interview (telephone or face-to-face) if one is requested by the household or its authorized representative, or if the State agency deems it necessary due to outstanding issues or questions about the recertification application.
  - The State agency must ensure that the necessary administrative staff and technological functionality is in place to implement this waiver correctly and to meet all reporting requirements.
  - The waiver is limited to households in which all adults are elderly or disabled with no earned income, determined to be eligible for recertification and who have completed all other recertification requirements, including verification.
  - No application for a household in the targeted group will be denied without an attempt to schedule an interview.
  - The State agency must submit to FNS an analysis of data on all households subject to the waiver that includes information described below in Tables A and B of Attachment 2. The objectives of the analysis will be to determine the waiver's:
    - Use of appropriate criteria to select households for the “no interview” group;
    - Effect on providing timely and accurate benefits;
    - Effect on program access and client satisfaction; and
    - Effect on aspects of the eligibility process.

- CDSS must provide its initial analysis (Tables A and B) covering the first 6 months of waiver implementation to FNS no later than 9 months after implementation. If the State agency wishes to extend the waiver beyond the 18-month approval period, an analysis of the first year of waiver operation will be due no later than 15 months after the implementation. However, if CDSS does not wish to extend the waiver, a closeout report will be due no later than 21 months after the implementation of the waiver.
- 11. **Information required for extension:** FNS will consider an extension of this waiver based on the outcomes of the waiver and if the evaluation does not indicate a negative effect on program access or program integrity among the households subject to the waiver.
- 12. **Expiration Date:** August 31, 2014
- 13. **Limitation, if any, on regional office approval of like requests:** This approval is limited to the California Department of Social Services.
- 14. **Quality control procedures:** No special QC procedures are required for cases subject to the provisions of this waiver. Cases should be reviewed using standard review procedures contained in the FNS Handbook 310.
- 15. **Date of State agency's request:** April 16, 2012 with completed Evaluation Plan submitted December 18, 2012.
- 16. **Date of regional office's transmittal of request to national office:** December 18, 2012
- 17. **Date of national office action:**
- 18. **Anticipated implementation date (*notify FNS if actual date differs*):** March 1, 2013
- 19. **State agency contact:** Mike Papin, [mike.papin@dss.ca.gov](mailto:mike.papin@dss.ca.gov)
- 20. **FNS regional contact:** Hope Rios, 415-645-1932, [Hope.Rios@fns.usda.gov](mailto:Hope.Rios@fns.usda.gov)

# CALFRESH NOTICE OF EXPIRATION OF CERTIFICATION FOR HOUSEHOLDS IN WHICH ALL ADULTS ARE ELDERLY OR DISABLED

COUNTY OF \_\_\_\_\_

Notice Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

1. Your CalFresh Certification period will end on \_\_\_\_\_.
2. An interview is not required. You may call for an interview if you would like one. Please contact the county right away if you would like an interview. Interviews are usually done by phone unless you would prefer an in-person interview. If you need other arrangements due to a disability; please call the county right away.
3. Please return the application by the first day of the last month of the certification period: \_\_\_\_\_.
4. If you are reporting changes, **please include proof** with your application. Proof of any changes must be turned in no later than the end of your certification period.
5. Based on information you send, the county may still need to interview you.
6. If you ask for an interview or if one is still required, you will get an appointment letter.
7. If you want to keep getting your benefits without a break, you must file an application no later than the 15th day of the month your certification period ends. If you want an interview or one is requested, the interview must be completed and any proof of income, expenses, or other information turned in no later than the end of the certification period.

## IMPORTANT RULES

- If any of the following things happen, you may have to wait up to 30 days before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period. You have the right to ask for 3-day processing (Expedited Service) if there is a break in aid:
  - You do not turn in an application by the 15th day of the month your certification period ends.
  - You do not complete an interview you asked for or the county told you was required within 10 days before the end of the certification period, or
  - You do not turn in any proof of income, expenses, or other information within 10 days of the date of the interview.
  - You do not turn in proof of any changes reported on the recertification application before the end of your certification period.
- You have the right to get an application from the county welfare department at any time and to have the county accept your application. The application must be signed and contain readable name, address, and signature or a witness to the mark.
- You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, by fax or other transmission available in your county (e-mail or an on-line electronic application at: <http://www.benefitscal.org>). The length of time to deliver benefits is calculated from the date the application is filed with the county welfare department. An application signed through the use of electronic signature techniques or an application containing a handwritten signature and then transmitted by fax or other electronic transmission is acceptable. You will be given 10 days to turn in any requested information. Please tell the county if you need help getting this information.

**Rules: These rules apply: CalFresh MPP Sections: 63-300.3, 63-504.25, 63-504.251, 63-504.6, 63-504.61. You may review them at your welfare office.**



## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

Cash Aid  CalFresh  Medi-Cal

Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## IMPORTANT INFORMATION

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You are getting this notice because all adult members in your CalFresh household are either elderly or getting disability benefits (disabled).

### Recertifying for benefits:

When you apply for CalFresh, we “certify” your eligibility for a period of time. Before your certification time is up, you will need to “recertify” to keep getting benefits.

To make it easier for you to keep getting benefits, we do not require an interview for a household where all of the adults are elderly or disabled and do not have earned income (SSI and Social Security are unearned income). Your household does not have to complete an interview unless you would like one or the County Welfare Department (CWD) determines an interview is necessary. You may be certified for up to 24 months if your household meets all other conditions of eligibility.

### Steps to Recertify:

- Please read the Notice of Expiration of Certification when you get it.
- Contact the CWD, if you would like to be interviewed. Interviews are usually done by phone unless you would prefer an in-person interview, and if you need other arrangements due to a disability, please call the CWD right away.
- Fill out the application by answering as many questions as you can, sign and date it.
- You can e-mail, fax, mail, or turn in the application to the CWD in person (with proof of changes since your last report) so that the application with proof will reach the county **by the first day of the last month of the certification period**. This is important to give the county time to process the application before your certification stops.
- Call the county right away if you need help getting the proof.
- If you have had any changes since you last reported, please send copies of verification or proof to the county with the approval or denial notice; for example,
  - Medical expenses: Receipts of medical expenses, such as, receipts for prescription medicines, eye glasses, diabetic supplies, cost for trips to and from the doctor’s office or hospital, proof that someone cares for the disabled person, etc.
  - Unearned Income: The most recent award letter or direct deposit statement of unearned income (for example SSI and social security) including interest income amounts and frequency of payments
  - Housing costs: Rent receipt, house payment or housing statement with complete address, and utility costs
  - Child or adult care: Receipts or bill statement showing you paid or were billed for childcare or adult care
  - New Household member applying for benefits: If someone moves into the household and wishes to apply for benefits, please send proof of immigration status, income, expenses, social security number, etc.
- With your Approval or Denial notice, you will get a client satisfaction survey. Please complete and return the survey enclosed so that we can better serve you.

<b>California Department of Social Services Waiver of the Recertification Interview for Certain Elderly and Disabled Households</b>			
<b>Table A: Number of Recertifications, Approvals, Denials, Incomplete Cases and Payment Accuracy</b>			
<b>Time Period</b>			
Pre-Waiver Data: Month Year– Month Year			
Post-Waiver Data: Month Year– Month Year			
<b>ID</b>	<b>Category of Data</b>	<b>Pre-Waiver</b>	<b>Post Waiver</b>
<b>Recertification, Approvals, Denials, and Incomplete Cases</b>		<b>Pre-Waiver</b>	<b>Post Waiver</b>
<b>1</b>	Households with Expiring Certifications		
<b>2</b>	Households Submitting Recertification Applications		<b><u>No Interview</u></b>
	Number Approved		<b><u>Interview</u></b>
	Number Denied		
<b>3</b>	Expiring Certifications That Do Not Reapply (Item 1 – Item 2)		
<b>4</b>	Households Receiving Medical Deduction		<b><u>No Interview</u></b>
	Average Value of Medical Deduction		<b><u>Interview</u></b>
<b>5</b>	Households Receiving Shelter Deduction		
	Average Value of Shelter Deduction		
<b>Payment Accuracy</b>		<b>Pre-Waiver</b>	<b>Post-Waiver</b>
<b>6</b>	Total Cases Sampled		<b><u>No Interview</u></b>
<b>7</b>	Total Error Cases (>\$50)		<b><u>Interview</u></b>
	Client Caused		
	County Caused		
<b>8</b>	Total Error Dollars (>\$50)		
	Client Caused		
	County Caused		

<b><u>Table B: Waiver Recertification Process Outcomes When an Application was Submitted</u></b>		
<b>Time Period :</b> Month Year– Month Year		
<b>ID</b>	<b>Category of Data</b>	<b>Number of Households</b>
<b><u>Approved Recertification Applications</u></b>		
1	Interview Conducted by Telephone	
2	Interview Conducted Face-to-Face	
3	Interview Scheduled Then Cancelled (Interview Waived)	
4	Interview Not Needed/Waived	
5	<b>Total Applications Approved (Sum of Items 1 through 4)</b>	
<b><u>Denied Recertification Applications</u></b>		
7	Interview Conducted and Denied	
8	Interview Scheduled and Missed	
9	<b>Total Applications Denied (Item 7 + Item 8)</b>	

## CLIENT SURVEY

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**We want to improve how CalFresh benefits are renewed for Elderly and Disabled households. We would like to know what you think.**

**Your answers will not affect your CalFresh benefits in any way. This survey is voluntary. You do not need to answer any question you don't want to answer.**

**Please complete and return this survey in the enclosed envelope.**

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1. How easy was it for you to renew your CalFresh Benefits?

- Very easy  
 Somewhat Easy  
 Somewhat difficult  
 Very difficult

2. To renew your CalFresh benefits, do you prefer being interviewed or not being interviewed?

- Being interviewed  
 Not being interviewed  
 No preference

3. Were you aware that you could have had an interview if you asked for one?

- Yes  
 No

4. Overall, how satisfied are you with the CalFresh renewal process?

- Very satisfied  
 Somewhat satisfied  
 Somewhat dissatisfied  
 Very dissatisfied

5. If you were dissatisfied, tell us why? Mark all that apply.

- The forms were too difficult to complete.  
 The required proof was difficult to collect.  
 Reaching someone who could answer my questions was difficult.  
 The amount of benefits seems to be incorrect:  
 Too much  
 Too little

Please explain:

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Other (Please explain):

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Thank you! The information you provided will help us improve how CalFresh benefits are renewed.

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